

Ryan White HIV/AIDS Program (RWHAP) Part B Eligibility Policy

BACKGROUND:

Clients must be determined “eligible” for the RWHAP Part B Program to receive services paid for with federal RWHAP Part B funds issued by the Indiana State Department of Health (ISDH), per RWHAP legislation. Eligible clients may qualify to “enroll” in several HIV service and medication assistance programs available across the state. Enrollment criteria for various programs may vary, and eligibility does not guarantee enrollment. Programs conduct intakes and assessments to determine those services and assistance programs for which a client may qualify for enrollment.

POLICY:

Clients must meet the following eligibility criteria and conditions of eligibility determined by the Part B Program, as required by Ryan White legislation.

Criteria

To be eligible for the Ryan White Part B Program, an applicant must:

- Be diagnosed as HIV positive
- Be a resident of Indiana
- Have an individual or household income at or below 300% of the federal poverty level (FPL)
- Be assessed for all other insurance or health care coverage (including Medicaid and Medicare)

Application

Clients must initiate an application for eligibility and recertify eligibility at least every six (6) months through a Care Coordinator. Applications and supporting documentation are reviewed by ISDH staff, who are the only authorized entity to approve or deny eligibility. ISDH will only review and evaluate complete applications and supporting documentation to ensure the eligibility criteria are met.

Applications are available by contacting a Care Coordinator.

Required Documentation

Each client will be required to submit the following:

Proof of HIV Diagnosis

Verification of HIV positive status is required at time of initial application. Acceptable verification includes:

- Lab report that shows a detectable HIV viral load
- Lab report that shows positive confirmatory HIV testing

- Hospital Discharge Summary that documents a positive HIV diagnosis, client's full name, dates of admission and discharge, medical provider name, and hospital/facility address.
- HIV Status Confirmatory Certification Form signed by a medical provider, if none of the above is available.

Proof of Residency

Clients must reside in Indiana, documented by one of the following:

- Indiana Driver's License or State ID (must have a future expiration date)
- Utility Bill (electricity, water, or gas bill dated within 3 months of the application)
- Copy of applicant's Indiana Full-Year Resident Income Tax Return for the most recent tax year
- Mortgage or lease/rental agreement
- Letter from homeless shelter or letter from Care Coordinator certifying client is homeless
 - Letter from Care Coordinator must state that Care Coordinator is working with client to resolve homeless situation, and include barriers and steps being taken to address
- Immigrant Exception Statement
 - Attests to the applicant's current Indiana residency and the applicant's intent to remain an Indiana resident for at least 90 consecutive days following the date of the statement;
 - Attests that the applicant's legal residency status is an insurmountable obstacle to providing any of the other forms of residency documentation; and
 - Is signed by both the HIV Case Manager and the applicant.
- If not listed, must be approved by ISDH as acceptable

Proof of Income and Household size

1. Income

Clients must have an individual or household income at or below 300% FPL. Income eligibility is calculated using a Modified Adjusted Gross Income (MAGI) methodology, which subtracts certain qualified deductions from the total income amount and aligns with other eligibility determination for certain benefits such as Medicaid.

Income can be documented by any of the following for all sources of income:

- U.S. Individual Income Tax Return
 - If client did not file federal taxes, a copy of signed IRS Form 4506-T (Request for Transcript of Tax Return to verify non-filing) must be submitted
- Most recent pay stub
 - Must show applicant's name, year-to-date earnings, and the employer's name and address
- Letter from employer
 - Must show applicant's name, salary/wage, year-to-date earnings, and the employer's name and address
- W-2 form(s) – Must be for the most recent prior tax year
- Unemployment Insurance benefits notification letter

- Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) benefits notification letter or annual earnings statement
- Workforce Development Statement (if not employed for more than one quarter) – the earnings statement must show at least four of the most recent prior quarters
 - A “No Income” letter may be submitted, signed by Care Coordinator and client, if unemployed for one quarter or less. The letter should state client’s name, last date of employment, and how client is being supported financially. A Workforce Development Statement must be submitted at next annual eligibility certification if still unemployed.
- Copy of interest, pension, individual retirement account, annuity, trust, dividend, or other income statement showing year-to-date earnings or distributions

2. Household Size

“Household” is defined as the applicant and, if applicable, the applicant’s legal spouse and dependants as would appear on federal tax records.

Household size can be documented by one of the following:

- U.S. Individual Income Tax Return
- Marriage Certificate (if recently married and were not eligible to file taxes jointly in most recent tax year)
- For dependent(s), Birth Certificate or Guardianship Documentation (must be an eligible dependent that will be claimed in current tax year)

3. Proof of Insurance or other Health Care Coverage

Clients must be screened for any health insurance or health care coverage (including Medicaid and Medicare) that would pay for any portion of services or medications paid for by the RWHAP Part B Program. Having other coverage does not exclude a client from services, but ensures that Ryan White funds are used only after all other payors are exhausted.

- Clients with income at or below 138% FPL must apply for Indiana Medicaid/Healthy Indiana Plan within 30 days of initiating eligibility application.
- Clients who have received Social Security Disability Insurance (SSDI) for longer than 24 months, or who are 65 years of age or older, and who are not enrolled in Medicare A, B or Part D must submit proof of application for Medicare or Medicare Part D or a rationale for not applying. Reasons for not applying will be reviewed by ISDH, and eligibility for all services is not guaranteed.
- “Payor of Last Resort”: The RWHAP Part B Program is the payor of last resort per federal legislation. Services must be billed to alternative payor sources prior to billing any portion of that service to the Ryan White Part B Program. Please see the ISDH Payor of Last Resort Policy for more information.

Approved Eligibility Applications

Clients meeting eligibility criteria will be eligible for HIV services effective on the first of the month in which eligibility is approved, through the last day of each 6-month eligibility period for which they are approved. Each subsequent recertification period will be effective in 6-month increments from the initial effective date of eligibility.

- For example, if a client is approved for eligibility on January 15, then the initial effective eligibility date will be January 1. Eligibility must be recertified before July 1, at which time the client would continue to be eligible through December 31. Subsequent effective dates will be January 1 and July 1, provided the client continues to recertify as required.

Clients may continue to access services if their eligibility expires. However, those clients will be responsible for all costs for services unless funding other than that provided through the RWHAP Part B Program is identified.

Clients and the Care Coordinator assisting with the eligibility application will be notified in writing of approval, including effective and end dates of eligibility and those services for which the client may enroll.

Denied Applications

If a client is determined to be ineligible, the client and the Care Coordinator assisting with the eligibility application will be notified in writing. If the client believes an error was made in determining eligibility, the client may appeal the determination decision. Eligibility requirements are not appealable, only the accuracy of the eligibility determination.

Incomplete Applications

Eligibility determination cannot be completed for incomplete applications. Clients must submit complete and accurate supporting documentation within 30 days of initiating an eligibility application or updating recertification documentation. Eligibility will be denied if submission of required documents exceeds 30 days. Clients may reapply for eligibility at any time, with the effective date determined by the most recent complete application.

Clients and the Care Coordinator assisting with the eligibility application will be notified in writing of denial.

Eligibility Recertification

To maintain eligibility for RWHAP Part B Program services, clients must be recertified every six months. As with the initial eligibility determination period, clients may continue to access services if their six month eligibility period expires. However, those clients will be responsible for all costs for services unless funding other than that provided through the Ryan White Part B Program is identified.

At least one of these six month recertifications within a 12-month period must include collection of supporting documentation similar to that collected at the initial eligibility determination, and one recertification may be completed through self-attestation.

At least once during a 12-month period (typically during the same time of each year as the initial eligibility determination occurred and referred to as the “Full Year Recert”), each client is required to submit the following documentation for eligibility recertification:

- Proof of Residency
- Proof of Income
- Proof of insurance or other health care coverage

Once during a 12-month period (typically 6 months after the initial eligibility determination date, and then at the same time each subsequent year and referred to as the “Mid-Year Recert”), each client may recertify through “Self-Attestation”.

Clients who have previously completed a new application or a Full-Year Recert for the prior eligibility period can self-attest, or self-report, that there are no changes to their eligibility criteria they reported on their prior application or recertification. Supporting documentation will only be required if a client reports a change in information since the previous eligibility determination.

Clients who submit their self-attestation after the deadline may have a gap in services between the end of the previous eligibility period and the effective date of their approved self-attestation. Once a re-certification is approved, clients are eligible from the effective date of coverage through the end of the eligibility period.

Grace Periods

Ryan White funds may not be used to pay for services to clients who are ineligible, or whose eligibility has expired. No “grace periods” are permitted for clients who do not complete eligibility determination within required time frames. While clients may continue to access services, payment for services must be covered by other funding or by the client.

Accuracy of Application and Supporting Documentation

Client must submit accurate information to the best of their knowledge. Clients may be disqualified from Ryan White Part B-funded services for intentionally providing false information. Clients must notify ISDH or their Care Coordinator of any changes to information affecting eligibility (i.e., change in income, residency or health care coverage) within thirty (30) days of a change.

DOCUMENTATION:

- Care Coordinators must maintain up to date eligibility records for clients according to agency protocol and in any data system required by ISDH.
- Service providers and sub-recipients must maintain documentation of current eligibility if providing HIV services reimbursable under the RWHAP Part B Program.
 - Acceptable documentation includes a current eligibility approval letter dated within 6 months of service provision. These letters may be accessed from the client’s Care Coordinator, and includes effective and end dates of eligibility and those services for which the client may enroll.

- Documentation must be made available for review by ISDH upon request.

GUIDANCE:

- Refer to related HSP Payor of Last Resort Policy

EXCEPTIONS:

Eligibility Effective Date:

- Clients enrolling in HIV Medical Services Programs (ADAP/EIP, MDAP, or HIAP) will have effective dates for those programs on the Friday that eligibility is approved. This is required so that allowable payments may be made for client health coverage plan options.
- Occasionally, clients may access HIV services during a month prior to the month eligibility is approved (i.e., urgent medical or mental health care). Contact an Enrollment Specialist at (866) 588-4948, Ext. 1, in these situations.

REFERENCES:

[Ryan White Legislation](#)

[Health Resources and Services Administration \(HRSA\) HIV/AIDS Bureau \(HAB\) Policy Clarification Notice \(PCN\) #13-01: Clarifications Regarding Medicaid-Eligible Clients and Coverage of Services by the Ryan White HIV/AIDS Program](#)

[HRSA HAB PCN #13-02: Clarifications on Ryan White Program Client Eligibility Determinations and Recertifications Requirements](#)

[HRSA HAB PCN #13-03: Ryan White HIV/AIDS Program Client Eligibility Determinations: Considerations Post-Implementation of the Affordable Care Act](#)

Implementation/Revision Date(s)